

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003137

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC6769816326**

**Entity Name:** NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH,  
INCORPORATED

**Current Principal Place of Business:**

50 BROAD STREET, SUITE 1937  
NEW YORK, NY 10004

**Current Mailing Address:**

50 BROAD STREET, SUITE 1937  
NEW YORK, NY 10004

**FEI Number:** 52-1891734

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FERG-CADIMA, JAMES  
Address 50 BROAD STREET, SUITE 1937  
City-State-Zip: NEW YORK NY 10004

Title CHAIRMAN  
Name GUTIERREZ, YVONNE  
Address 50 BROAD STREET  
SUITE 1937  
City-State-Zip: NEW YORK NY 10014

Title DIRECTOR  
Name KATHERINE, RODRIGUEZ  
Address 50 BROAD STREET, SUITE 1937  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name MONTANO GREENE, GLORIA  
Address 50 BROAD STREET, SUITE 1937  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name LEO, NORALISA  
Address 50 BROAD STREET, SUITE 1937  
City-State-Zip: NEW YORK NY 10004

Title OFFICER  
Name TOLEDO, STEVEN A  
Address 50 BROAD STREET, SUITE 1937  
City-State-Zip: NEW YORK NY 10004

Title OFFICER  
Name GONZALEZ-ROJAS, JESSICA  
Address 50 BROAD STREET  
City-State-Zip: NEW YORK NY 10004

Title OTHER  
Name GARCIA, MELISSA  
Address 50 BROAD STREET  
1937  
City-State-Zip: NEW YORK NY 10004

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELISSA GARCIA

**SENIOR DIRECTOR OF  
OPERATIONS AND  
FINANCE**

**01/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date